

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

Postage	\$	Postmark Here  1:00-CV-1003 DOC. 27/23/07
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **EARL INGELS 362-813**

Street, Apt. No.,  
or PO Box No. **W.C.I., P.O. BOX 120**

City, State, ZIP+4 **LEBANON, OH 45036**

PS Form 3800, January 2001 See Reverse for Instructions

E242 64E9 9000 0152 1002 7423